

State: District of Columbia **Filing Company:** AmGUARD Insurance Company
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0019 Professional Errors & Omissions Liability
Product Name: Lawyers Professional Liability
Project Name/Number: 2016 LPL Cancellation-Nonrenewal Notices Form filing /

Filing at a Glance

Company: AmGUARD Insurance Company
 Product Name: Lawyers Professional Liability
 State: District of Columbia
 TOI: 17.0 Other Liability-Occ/Claims Made
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Filing Type: Form
 Date Submitted: 11/11/2016
 SERFF Tr Num: AMGD-130803727
 SERFF Status: Submitted to State
 State Tr Num:
 State Status:
 Co Tr Num: 2016 LPL DC TERMINATION NOTICES FORM FILING E GU 404R
 Effective Date: On Approval
 Requested (New):
 Effective Date: On Approval
 Requested (Renewal):
 Author(s): Greg Harchar, Alexis Hernandez-Fink
 Reviewer(s):
 Disposition Date:
 Disposition Status:
 Effective Date (New):
 Effective Date (Renewal):

State: District of Columbia **Filing Company:** AmGUARD Insurance Company
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General Information

Project Name: 2016 LPL Cancellation-Nonrenewal Notices Form filing Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments: PA is state of domicile.
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/11/2016
State Status Changed: Deemer Date:
Created By: Alexis Hernandez-Fink Submitted By: Alexis Hernandez-Fink
Corresponding Filing Tracking Number:

Filing Description:

With this filing, we are adding form (E)GU 404r (Ed. 1-16) to our Lawyers Professional Liability program previously approved in your state under AMGD-130401526.

Company and Contact

Filing Contact Information

Alexis Hernandez-Fink, State Filings Representative Alexis.Fink@guard.com
16 South River Street 800-673-2465 [Phone] 1053 [Ext]
Wilkes-Barre, PA 18703

Filing Company Information

AmGUARD Insurance Company	CoCode: 42390	State of Domicile:
16 South River Street	Group Code: 31	Pennsylvania
PO Box A-H	Group Name: Berkshire Hathaway	Company Type: Property and
Wilkes-Barre, PA 18703-0020	Group	Casualty
(800) 673-2465 ext. 4520[Phone]	FEIN Number: 23-2240321	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	AmGUARD Insurance Company
TOI/Sub-TOI:	17.0 Other Liability-Occ/Claims Made/17.0019 Professional Errors & Omissions Liability		
Product Name:	Lawyers Professional Liability		
Project Name/Number:	2016 LPL Cancellation-Nonrenewal Notices Form filing /		

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		NOTICE OF CANCELLATION, NONRENEWAL OR DECLINATION	E GU 404r	01 16	CNR	New			EGU404r.pdf
2		Notice of Cancellation	IL 99 01	07 16	CNR	New			IL 99 01 7 16 - Cancellation Notice Endorsement.pdf
3		Notice of Reinstatement	IL 99 02	07 16	CNR	New			IL 99 02 7 16 - Reinstatement Notice Endorsement.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

NOTICE OF CANCELLATION, NONRENEWAL OR DECLINATION
(District of Columbia)

NAME AND
ADDRESS
OF INSURANCE
COMPANY

NAME AND
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Applicable item marked "X")

Cancellation	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. See the "Important Notices" section for other information that may apply.
Premium Adjustment	<input type="checkbox"/> Unearned premium will be returned in accordance with law and the terms of the policy. <input type="checkbox"/> Enclosed is \$ _____, being the amount of unearned premium for the unexpired term of the policy. <input type="checkbox"/> A bill for the premium earned to the time of cancellation will be forwarded in due course. <input type="checkbox"/> Other: _____
Nonrenewal	<input type="checkbox"/> You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed. See the "Important Notices" section for other information that may apply.
Declination of Insurance	<input type="checkbox"/> Your written application or written request for the kind of insurance mentioned above has been declined. See the "Important Notices" section for other information that may apply.

Important Notices

☐ Reason(s) for cancellation, nonrenewal or declination (reason(s) stated only if this item is marked):

☐ Other Information, if any:

Address of Insurance Commissioner: Department of Insurance, Securities and Banking, Office of the Commissioner, 810 First Street, N.E., Suite 701, Washington, DC 20002 (Tel. 202/727-8000).

☐ **IF THIS NOTICE OF CANCELLATION OR NONRENEWAL PERTAINS TO AUTOMOBILE LIABILITY INSURANCE, DISTRICT OF COLUMBIA LAW REQUIRES THAT WE INFORM YOU THAT THE MOTOR VEHICLE REGISTRATION OR RECIPROCITY STICKER OF ANY VEHICLE COVERED BY THE POLICY BEING TERMINATED WILL BE SUSPENDED OR REVOKED FOR FAILURE TO MAINTAIN REQUIRED INSURANCE.**

☐ **Appeal to the Commissioner:** If you dispute the validity of this cancellation or nonrenewal, you have the right to appeal the cancellation or nonrenewal to the Commissioner by notifying the Commissioner in writing of your decision to appeal. Written notification must be sent to the Commissioner any time before the effective date of the cancellation, or in the case of nonrenewal, the end of the policy period. A copy of the written decision to appeal must be sent to your insurer at the same time the appeal is sent to the Commissioner. See above for the address of the Commissioner.

☐ **Appeal of Compulsory/No-Fault Motor Vehicle Policies:** If you dispute the validity of this cancellation or nonrenewal, you have the right to appeal the cancellation or nonrenewal to the Commissioner by notifying the Commissioner in writing of your decision to appeal. Written notification must be sent to the Commissioner within 15 days from your receipt of this notice of cancellation or nonrenewal. See above for the address of the Commissioner.

☐ **Appeal of Automobile Insurance Plan Policies:** If you dispute the validity of this cancellation, you have the right to appeal the cancellation to the Governing Committee of the District of Columbia Automobile Insurance Plan (DCAIP) by notifying the Governing Committee in writing of your decision to appeal. Written notification must be sent to the Governing Committee within 15 days from your receipt of this notice of cancellation. The physical address of the DCAIP is 4951 Lake Brook Drive, Suite 160, Glen Allen, VA 23060 (Tel. 202-722-1093), and the mailing address is P.O. Box 6530, Providence, RI 02940-6530.

NOTICE OF CANCELLATION, NONRENEWAL OR DECLINATION
(District of Columbia)

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

NAME AND .
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

Important
Notices
cont'd

- ☐ **Replacement of Automobile Insurance:** This notice pertains to the cancellation or nonrenewal of automobile insurance. You are possibly eligible for automobile insurance through another insurer or under the District of Columbia Automobile Insurance Plan (DCAIP). For further information, please contact your agent or the DCAIP. The physical address of the DCAIP is 4951 Lake Brook Drive, Suite 160, Glen Allen, VA 23060 (Tel. 202-722-1093), and the mailing address is P.O. Box 6530, Providence, RI 02940-6530.
- ☐ **Replacement of Property (Fire) Insurance:** This cancellation or nonrenewal pertains to a policy providing fire, extended coverage and possibly vandalism and malicious mischief insurance. If you wish to replace your insurance, you should make an effort to obtain insurance through another company in the voluntary market. If you have difficulty in procuring replacement coverage in the voluntary market you possibly may obtain fire and extended coverage and vandalism and malicious mischief insurance through the District of Columbia Property Insurance Facility (FAIR Plan). For further information, please contact your agent or the FAIR Plan at 3290 N. Ridge Road, Ste. 210, Ellicott City, MD 21043 (Telephone: 800-492-5670).
- ☐ **Consumer Report:** In compliance with the Fair Credit Reporting Act (FCRA), as amended, you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency:
(Name) _____ (Phone Number) _____
(Address) _____
Please see following information for a disclosure of your rights under this federal law.

Additional Information regarding your rights under the federal Fair Credit Reporting Act (FCRA)

Pursuant to the FCRA, you are informed that:

The consumer reporting agency identified on this form did not make any decisions regarding the stated insurance policy. Therefore, the consumer reporting agency would not be able to provide you with the specific reasons why the insurance company is taking the present action.

You have the right to obtain within 60 days of the receipt of this notice a free copy of your consumer report from the consumer reporting agency which has been identified on this form. You have the right to dispute inaccurate information by contacting the consumer reporting agency directly. Once you have directly notified the consumer reporting agency of your dispute, the agency must, within a reasonable period of time reinvestigate and record the current status of the disputed information. If after reinvestigation, such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

For complete information regarding the FCRA please refer to The Code of the Laws of the United States of America, Title 15, Chapter 41, Subchapter III, (15 U.S.C. §1681 et seq.).

AUTHORIZED REPRESENTATIVE

NOTICE OF CANCELLATION, NONRENEWAL OR DECLINATION
(District of Columbia)

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

NAME AND .
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation,
nonrenewal or declination has been given to the Insured.)

TO MORTGAGEE:

Effective _____, at _____ (Standard Time), we hereby cancel, nonrenew or decline the Mortgagee Agreement which is made part of the above mentioned policy and also the above mentioned policy issued to the insured named above covering _____

at _____
and made payable to you as mortgagee (or trustee), in the event of loss.

AUTHORIZED REPRESENTATIVE

NAME AND .
ADDRESS OF
MORTGAGEE

NOTICE OF CANCELLATION, NONRENEWAL OR DECLINATION
(District of Columbia)

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

NAME AND .
ADDRESS
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE: <div style="text-align: center; margin-top: 10px;">(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)</div>
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation,
nonrenewal or declination has been given to the Insured.)

TO LIENHOLDER:

The above policy is cancelled, nonrenewed or declined effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

AUTHORIZED REPRESENTATIVE

NAME AND .
ADDRESS OF
LIENHOLDER

Date: [02/01/2016]

AmGUARD Insurance Company

Policy No.: [ABCD100001]

Renewal of: [NEW]

CANCELLATION NOTICE

[1] Named Insured and Mailing Address

[ABC America Inc.]
[500 Main Street]
[Anytown, PA 01234]

[2] Agency

[MAIN STREET AGENCY]
[PO Box 4567]
[Everytown, PA 98765]
Agency Code: [AGYCOD19]

[3] Policy Period

From [January 1, 2016] to [January 30, 2016], 12:01 AM, standard time at the insured's mailing address.

The coverage provided by the policy number shown above is being CANCELLED effective [January 30, 2016], 12:01 A.M., standard time at the insured's mailing address for the following reason:
[NON-PAYMENT OF PREMIUM]

Method of Cancellation:

[Prorata]

Final Premium:

[\$289]

Date: [02/01/2016]

AmGUARD Insurance Company

Policy No.: [ABCD100001]

Renewal of: [NEW]

REINSTATEMENT NOTICE

[1] Named Insured and Mailing Address

[ABC America Inc.]
[500 Main Street]
[Anytown, PA 01234]

[2] Agency

[MAIN STREET AGENCY]
[PO Box 4567]
[Everytown, PA 98765]
Agency Code: [AGYCOD19]

[3] Policy Period

From [January 1, 2016] to [January 30, 2016], 12:01 AM, standard time at the insured's mailing address.

The coverage provided by the policy number shown above is being REINSTATED effective [January 30, 2016], 12:01 A.M., standard time at the insured's mailing address with no lapse in coverage.

Final Premium:

[\$3,594]

State:	District of Columbia	Filing Company:	AmGUARD Insurance Company
TOI/Sub-TOI:	17.0 Other Liability-Occ/Claims Made/17.0019 Professional Errors & Omissions Liability		
Product Name:	Lawyers Professional Liability		
Project Name/Number:	2016 LPL Cancellation-Nonrenewal Notices Form filing /		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A- Does not apply to this line.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A -This is not a third party filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A-
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Explanatory Memo
Comments:	
Attachment(s):	DC Lawyers PL Memo Terminators Notice Form filing.pdf
Item Status:	
Status Date:	

AMGUARD INSURANCE COMPANY
LAWYERS PROFESSIONAL LIABILITY
FORM FILING
DISTRICT OF COLUMBIA
EXPLANATORY MEMORANDUM

On behalf of AmGUARD Insurance Company, with this filing we are submitting a Notice of Cancellation/Nonrenewal/Declination Form GU 404r (ed 1-16), Notice of Cancellation Form IL 99 01 07 16 and Notice of Reinstatement IL 99 02 7 16 for filing as part of our Lawyers Professional Liability Claims Made Program previously approved in your State under AMGD-130401526.

GU 404r is intended for giving notice of cancellation, nonrenewal or declination with our Lawyers Professional Liability claims made insurance policies.

IL 99 01 7 16 is intended for giving notice of cancellation to the policyholder with all pertinent information found on the declarations page.

IL 99 02 07 16 is intended for giving notice of reinstatement of the policy to the policyholder with all the pertinent information found on the declarations page.